



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM

INTOX DMT MAINTENANCE REPORT

**RECEIVED**

By Carol Day at 1:12 pm, May 23, 2016

PORT #1

Complete this report at the time of the regular monthly preventive maintenance.  
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.  
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX DMT SN 500005	NAME OF AGENCY St. Louis County Police Department	DATE OF INSPECTION 05/19/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 1266 Sutter Ave., Wellston, MO 63133 - CMPA		TIME OF INSPECTION 09:28:57

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

☒ DIAGNOSTIC RECORD

DATE AND TIME <u>05/19/2016 09:28:59</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.8°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>45.8°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

<input checked="" type="checkbox"/> SIMULATOR STANDARD	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH</u>	LOT # <u>16040</u> EXP. DATE <u>01/20/2018</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u>	SIMULATOR SN <u>SD3135</u> SIMULATOR EXP DATE <u>04/25/2017</u>

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)  
Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used.

- ☒ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE  
☐ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE  
☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1: 0.103	TEST 2: 0.103	TEST 3: 0.103
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☒ PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 0	0-.04: 1	.05-.09: 0	.10-.14: 0	.15-.19: 0	OVER .19: 0
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)

Standard change; locatlon changed for training - CMPA

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME NIKKI D BROWN	
TYPE II PERMIT NUMBER 260215	EXPIRATION DATE 05/03/2018	TELEPHONE NUMBER 314-889-8600

RETURN COMPLETED REPORT TO THE Breath Alcohol Program, MO Department of Health and Senior Services  
Southeast District Office  
2875 James Blvd, Poplar Bluff, MO 63901



## GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-684-5470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 16040 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 22, 2016, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1213% (w/vol) ethyl alcohol. The expiration date for this lot number is January 20, 2018 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

***NIST Traceability:***

*Testing was conducted using Cerilliant Reference Standard lot number FN08051301 whose values are traceable to NIST.*

*All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.*

# STANDARD CHANGE

St. Louis County Police Department  
INTOX dmt: 500005

Date: 05/19/2016  
Time: 09:24:37

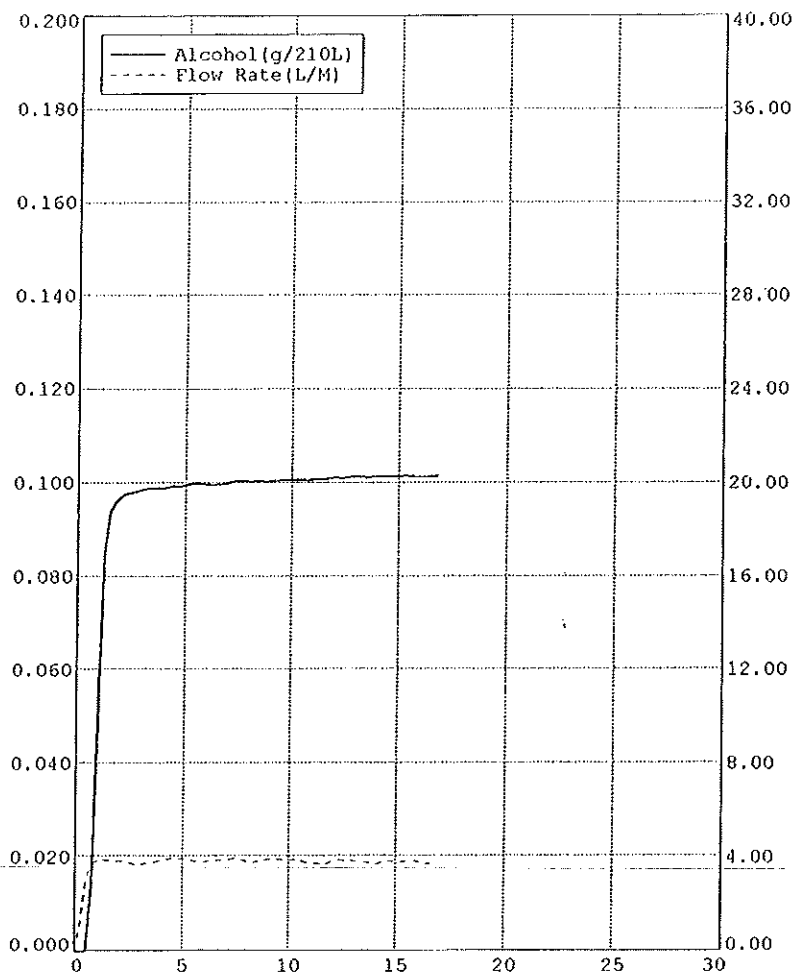
OPERATOR NAME:  
NIKKI D BROWN  
PERMIT NUMBER: 260215  
EXPIRATION DATE: 05/03/2018  
MISC:  
CMPA - TRAINING

LOT #: 16040  
SUPPLIER: GUTH  
EXPIRATION: 01/20/2018  
SIMULATOR TYPE: WET BATH

STANDARD INFORMATION  
CONCENTRATION: 0.100

BLANK TEST	0.000	09:25
INTERNAL STANDARD	VERIFIED	09:25
EXTERNAL STANDARD	0.102	09:26
BLANK TEST	0.000	09:27

Average = 0.1020  
Std Dev = 0.0000  
Spread = 0.0000



PO Brown 3770



Missouri Department of Health and Senior Services  
P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466  
Peter Lyskowski  
Director



Jeromiah W. (Jay) Nixon  
Governor

## SIMULATOR CERTIFICATION REPORT

### SIMULATOR INFORMATION

Simulator Serial Number: SD3135 Manufacturer: Guth  
Model Number: 10-4D  
Agency: ST LOUIS CO PD  
Agency Address: 7900 FORSYTH BLVD., CLAYTON, MO 63105

### NIST THERMOMETER INFORMATION

Serial Number: 093752 Bias: 0.00  
Uncertainty: 0.02  
Date of Certification: 9/8/2015 Date of Expiration: 9/8/2016

### ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

### VERIFICATION RESULTS

<u>Simulator Average</u>	<u>NIST Average</u>	<u>Combined Uncertainty</u>
34.00	34.02	0.05

The combined uncertainty is calculated with a  $k=2$  value.

### ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 4/25/2016  
Certification Expiration: 4/25/2017  
Simulator testing technician: R WELSH

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: ELLEN STRAWSINE  
Certification No: SD3135\_4252016

X

DHSS BAP Scientist Approving



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM



**PERMIT**  
**TYPE II**

**NIKKI D BROWN**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**ALCO-SENSOR IV WITH PRINTER, INTOX DMT**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 5/3/2016

NUMBER 260215

EXPIRES 5/3/2018

MO 590-0771 (8-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)